

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Alarcon Richard A.

1. Office, Agency, or Court

Agency Name

City of Los Angeles

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember - 7th District

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of Los Angeles

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed it herein and in any attached schedules and it is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/16/11
(month, day, year)

Signature

Name

Richard Alarcon

SCHEDULE D **Income – Gifts**

NAME OF SOURCE

Los Angeles Dodgers

ADDRESS (Business Address Acceptable)

1000 Elysian Park Avenue, Los Angeles, CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 13 / 10	\$ 100.00	ticket to Opening Day
/ /	\$	
/ /	\$	

NAME OF SOURCE

Feld Entertainment

ADDRESS (Business Address Acceptable)

8607 Westwood Center Drive, Vienna, VA 22182

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 15 / 10	\$ 80.00	4 tix to Ringling Bros.
/ /	\$	Circus
/ /	\$	

NAME OF SOURCE

Warner Bros. Studios

ADDRESS (Business Address Acceptable)

4000 Warner Blvd., Burbank, CA 91522

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 10	\$ 92.00	4 tickets - screening
/ /	\$	
/ /	\$	

NAME OF SOURCE

Dream Works

ADDRESS (Business Address Acceptable)

1000 Flower Street, Glendale, CA 91201

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 22 / 10	\$ 80.00	4 tickets - screening
/ /	\$	
/ /	\$	

NAME OF SOURCE

Hollywood Chamber of Commerce

ADDRESS (Business Address Acceptable)

7018 Hollywood Blvd., Hollywood, CA 90028

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 03 / 10	\$ 100.00	ticket to Walk of Fame
/ /	\$	Event
/ /	\$	

NAME OF SOURCE

Association of Independent Commercial Producers

ADDRESS (Business Address Acceptable)

650 N. Bronson Ave, Suite 223B, Los Angeles 90004

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 09 / 10	\$ 100.00	ticket to AICP Holiday
/ /	\$	Party
/ /	\$	

Comments:

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Print Form



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SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Richard Alarcon
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▶ NAME OF SOURCE NBC/Universal ADDRESS (Business Address Acceptable) 100 Universal City Plaza, Universal City, CA 91608 BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>12 / 16 / 10</td> <td>\$ \$54.00</td> <td>2 tix - screening</td> </tr> <tr> <td> / / </td> <td>\$</td> <td> </td> </tr> <tr> <td> / / </td> <td>\$</td> <td> </td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12 / 16 / 10	\$ \$54.00	2 tix - screening	/ /	\$		/ /	\$		▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td> / / </td> <td>\$</td> <td> </td> </tr> <tr> <td> / / </td> <td>\$</td> <td> </td> </tr> <tr> <td> / / </td> <td>\$</td> <td> </td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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